

# 2013 OFFICEHOLDER FINANCIAL DISCLOSURE OR CONFLICT OF INTEREST

for

Debra G Roberts

(Print name)

for the office of State Board of Ed District 15 - as of Jan 2013

Primary employer name	<div>Received</div> <div>JAN - 4 2013</div> <div>Greg Bell Lieutenant Governor</div>
<u>Homemaker</u>	
Primary employer address	
_____	
Brief description of employment	
Occupation and job title, if applicable	
_____	
Name of entity owned	
<u>Family Owned agriculture Enterprise</u>	
Brief description of the type of business or activity conducted by the entity owned	
<u>dairy, alfalfa operation</u>	
Filer's position in the entity	
Name of each entity that has paid \$5,000 or more in income to the filer within the one-year period ending immediately before the date of the disclosure form	
Brief description of the type of business or activity conducted by the entity described in the previous section	
Name of organization or entity for which the filer serves on the board of directors or in any other type of formal advisory capacity	

\*"Entity" means a corporation, a partnership, a limited liability company, a limited partnership, a sole proprietorship, an association, a cooperative, a trust, an organization, a joint venture, a governmental entity, an unincorporated organization, or any other legal entity, whether established primarily for the purpose of gain or economic profit or not.

Brief description of the type of business or activity conducted by the entity described in the previous section
Type of position held by the filer within the organization or entity described in the two previous sections
(Optional) Real property in which the filer holds an ownership or other financial interest that the filer believes may constitute a conflict of interest
Description of the real property named in the previous section
Description of the type of interest held by the filer in the property described in the two previous sections
Name of filer's spouse and any other adult residing in the filer's household that is not related by blood or marriage, as applicable <i>Don G Roberts</i>
Brief description of employment of the filer's spouse and any other adult residing in the filer's household that is not related by blood or marriage, as applicable <i>Self Employed Roberts Dairy</i>
Occupation of filer's spouse and any other adult residing in the filer's household that is not related by blood or marriage, as applicable
(Optional) Description of any other matter or interest that the filer believes may constitute a conflict of interest <i>Spouse Board of Trustees UCAT</i>

I believe this form is true and accurate to the best of my knowledge.

*Dulra Roberts*  
(Signature of filer)

*1/3/12*  
(Date)

Utah Code §76-8-109 requires that state constitutional officers and members of the State Board of Education return this form to the Lieutenant Governor by January 10<sup>th</sup> of each year. The form can be returned in person, by mail, fax or email.

**Physical Address**  
Office of the Lieutenant Governor  
Utah State Capitol  
Suite 220  
350 North State Street  
Salt Lake City, UT 84114

**Mailing Address**  
Office of the Lieutenant Governor  
Utah State Capitol  
P.O. Box 142325  
Salt Lake City, UT 84114

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